

Case Number:	CM15-0013484		
Date Assigned:	02/02/2015	Date of Injury:	03/27/2012
Decision Date:	03/24/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/23/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 41 year old female, who sustained a work related injury on 3/27/12. The diagnoses have included chronic neck pain, cervical spondylosis, myofascial pain/spasm, brachial neuritis/radiculitis, and cervical degenerative disc disease. Treatments to date have included Fentanyl patches, oral medications, MRI cervical spine, left shoulder MRI, and home exercise program. In the PR-2 dated 12/15/14, the injured worker complains of neck and bilateral shoulder pain and headaches. She complains of left arm and hand pain. She has tenderness to palpation of cervical paraspinal muscles. She rates the pain a 6-8/10. On 12/22/14, Utilization Review non-certified a request for EMG (electromyography)/NCV (nerve conduction velocity) of bilateral lower extremities. The California MTUS, ACOEM Guidelines, and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

EMG (electromyography)/NCV (nerve conduction velocity) of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): Ankle and Foot Complaints 377.

Decision rationale: No, the request for EMG-NCV testing of the bilateral lower extremities was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377, electrical studies such as the nerve conduction testing at issue are deemed "not recommended" for routine foot and ankle problems without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies. Here, however, there was no mention of the applicant's having issue with tarsal tunnel syndrome or suspected entrapment neuropathies evident on or around the date in question. There was likewise no mention of the applicant's carrying systemic diagnosis such as diabetes, alcoholism, hypothyroidism, etc., so as to predispose the applicant toward development of generalized peripheral neuropathy. Since the NCV component of the request cannot be supported, the request was not medically necessary.